

2013 APPROVED WORK PLAN AND MEETING SCHEDULE
for the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

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Work Plan

The following is a list of subjects that the statutory Legislative Health and Human Services Committee (LHHS) will review during the 2013 interim. As LHHS membership will consist of many new legislators, the committee will hear an extensive overview of the most important health care matters facing the state. LHHS staff, executive agency staff, community experts and returning LHHS members will offer their expertise on these issues. Topics include an overview of the Medicaid program, the state's response to the federal Patient Protection and

Affordable Care Act of 2010 (PPACA) — including the New Mexico Health Insurance Exchange — and an outline of the state agencies and programs devoted to health and human services.

Medicaid

With the federal approval of the federal waiver under Section 1115 of the federal Social Security Act, the Human Services Department (HSD) will be implementing its new "Centennial Care" program to deliver Medicaid benefits to individuals whose income, disease status or disability qualifies them to receive Medicaid health benefits. The HSD has greatly reduced the list of managed care organizations that will now be offering physical, behavioral and long-term services to Medicaid recipients. The committee will review the implementation of the new, integrated and coordinated care model. The effect of this change in recipients' access to services and on providers will be important.

Pursuant to the PPACA, the state's Medicaid program will expand eligibility as of January 1, 2014 to allow adults whose incomes fall below 138 percent of the federal poverty level to enroll in Medicaid, regardless of disability, disease status or parental status. The committee will track how much outreach and education the HSD is performing pursuant to this expansion and the effect this may have on future health care costs as well as uncompensated care.

The committee will review the HSD's decision to discontinue its policy of providing three months' retroactive eligibility to Medicaid enrollees and the effect this may have on stakeholders and on uncompensated care.

The HSD has recently agreed not to require people who identify as Native American to enroll in managed care. The committee will explore the options that will be available for these fee-for-service Medicaid recipients, including the effect that increased Medicaid enrollment among Native Americans may have upon tribal providers, including independent tribal health enterprises and the Indian Health Service.

Enrollment among children who are currently eligible for Medicaid continues to drop in the Medicaid program, with a reported 40,000 children currently eligible but not enrolled. The impact appears to be particularly felt in Native American communities. Many children reportedly fall off the rolls after newborn coverage expires. The committee will hear the HSD's position on children's enrollment, the possibilities for increasing enrollment through policies such as "fast-track" enrollment and the effect that a continued drop in enrollment among New Mexican children may have on those children's health and development and on providers' uncompensated care burden and the effect on health disparities.

The committee will examine Medicaid dental care benefits, especially those for adults, and consider the adequacy of these benefits in meeting recipients' dental health care needs.

The HSD proposes to cover the expansion of the population of adults with an "alternative

benefits package" that provides fewer benefits than the full Medicaid benchmark plan, yet more benefits than are currently provided to adults enrolled in the State Coverage Insurance program for which enrollment has ceased. The committee will seek to learn what benefits will be included and what the effect will be on stakeholders and for uncompensated care costs.

The PPACA provides for stricter Medicaid fraud measures, many of which involve additional electronic claims editing and review. The committee will inquire as to the HSD's progress in implementing Medicaid fraud and error provisions, and the work of the Office of the Attorney General to enforce state and federal anti-fraud law. The committee may review the efforts of states, including Texas and North Carolina, to implement robust anti-fraud programs.

The HSD's new ASPEN system allows for greater data processing and reporting than was previously available under the HSD's outdated ISD2 system. The committee will review ASPEN's potential in affording the legislature greater oversight of the Medicaid program, as the ASPEN system is expected to allow the HSD to compile data to report on utilization, outreach and enrollment and other important indicators of how Medicaid is fulfilling its role.

The federal Indian Health Care Improvement Act of 1976 was permanently reauthorized under the PPACA. One of the provisions that could have an important impact on the state's Medicaid plan is a provision that authorizes exploration of deeming the Navajo Nation as a "state" for Medicaid purposes. The committee will hear testimony from Navajo Nation officials and the HSD on the progress of this exploration.

New Mexico Health Insurance Exchange Act

With the 2013 passage of the New Mexico Health Insurance Exchange Act, the state is moving quickly to establish a state-based health insurance exchange (exchange). The committee will hear testimony from the newly appointed board of directors of the exchange about its plan of operation and the superintendent of insurance about rulemaking related to the exchange. Other important matters for committee review include:

- the viability of the information technology infrastructure of the exchange;
- staffing the exchange;
- the establishment of a navigator program pursuant to the PPACA, as well as the use of in-person assisters, agents and brokers to enroll people and employers in qualified health plans;
- Native American participation in the exchange and the establishment of a Native American advisory council to the exchange pursuant to the New Mexico Health Insurance Exchange Act;
- preparations to study premium growth on and outside of the exchange; and
- the effect of changes to the Health Insurance Alliance Act on approved health plan enrollees and insurer members.

Health Insurance Regulation

With the passage of House Bill 45 (Chapter 74), the Office of Superintendent of Insurance (OSI) is established as of July 1, 2013. The committee will hear testimony from the new or reappointed superintendent of insurance and OSI staff as to the OSI's plans to move forward in the regulation of health insurance.

The committee will also review how the OSI plans to implement the insurance requirements of the PPACA in light of the continued absence of state-level legislation to conform New Mexico statutes to the PPACA health insurance provisions such as guaranteed issue and a ban on preexisting condition exclusions.

The OSI is responsible for creating and implementing a reinsurance program to cover retirees who are younger than 65 years old and thus ineligible for Medicare, as the PPACA requires. The committee will hear testimony from the OSI on reinsurance and may consider the question of whether the reinsurance program would help reduce costs in coverage for public employees and retirees.

The committee will hear testimony from the superintendent of insurance on the superintendent's role as rulemaker and tie-breaking director on the exchange, as well as the OSI's actuarial and policy recommendations regarding exchange viability, including the avoidance of adverse selection and excessive premium growth on the exchange. This information will be important for helping legislators decide whether legislation will be needed to expand the definition of "small employer", whether to later allow large employers to purchase on the exchange or whether legislation is needed to curtail adverse selection.

The New Mexico Medical Insurance Pool's future will be an important consideration for the state in the coming months and years, including its role in providing affordable coverage to high-risk enrollees and the possible effect of including this population on the exchange. The committee will hear testimony on the viability of offering affordable, effective coverage to the pool population, as the rest of the insurance market will be affected by these decisions.

The committee will hear testimony regarding two new sources of coverage to be available through the exchange: a nonprofit "co-op" plan owned by enrollees; and a multistate plan to be offered through the federal Office of Personnel Management.

Large employers in the state have raised concerns regarding the PPACA's requirement that large employers either purchase health coverage for their employees or pay a yearly fine. Large health care provider entities, such as nursing facilities, home health care entities and hospitals, have raised questions about their future viability in light of the PPACA requirement and reimbursement rates that they report to be too low to allow them to provide this coverage. The committee will review the effect of the coverage mandate on health and human service providers and other large employers.

Native American Health

The state continues to face enormous disparities in the health status and access to health care among its ethnic and racial groups. The most glaring of these disparities exists between Native Americans and all other groups. Meanwhile, the PPACA contains a permanent authorization of the Indian Health Care Improvement Act, which sets as federal priorities supports for self-direction and the elimination of health disparities between Native and non-Native Americans. The federal Centers for Disease Control and Prevention reports that Native American rates of chronic disease, suicide, infant mortality and sexually transmitted diseases are much higher than the rates for those health conditions and incidents in other populations. These rates correspond to Native Americans' poverty rates, which are also the highest among racial and ethnic populations in the United States. The committee will continue to explore these disparities and the steps that New Mexico tribes, nations and pueblos, state agencies and the federal government are taking to address these disparities, including specific efforts to provide intergenerational care, control chronic disease and promote wellness.

In its work to examine support for aging populations, the committee will hear testimony on aging in Native American communities, including reports from tribal agencies that provide supports to elders.

Health Care Work Force

One of the greatest health policy challenges facing the state is the lack of trained health care professionals able to serve an increasing population of residents with access to health care services, while a large proportion of health care providers retire or otherwise cease to offer their services in the state.

The PPACA provides for a number of health care and human service work force-related grants. The committee will hear testimony on what grants have been applied for and what opportunities for using these funds to increase work force supply exist.

The committee will hear the program analysis performed by the Legislative Finance Committee staff, as well as the University of New Mexico's recently established Center for Workforce Analysis, on the state's health care work force, as well as an update on the status of the state's supply of health care professionals, and to identify policy solutions to work force supply challenges.

The committee will review best practices in this state and other states regarding health care work force "pipeline" and retention programs. This includes examining work force education, including:

- the bachelor's-to-M.D. and D.D.S. programs;
- solutions to the limit on the number of residencies available to train doctors in the state;
- the role of private educational institutions in meeting the health care work force

- supply needs; and
- the adequacy of current educational arrangements in supplying the state's dental health care needs.

There are a number of immigrant residents of New Mexico who are health professionals trained in their home countries. Language and licensure barriers prevent many of these professionals from providing licensed health care in New Mexico. The committee will hear a proposal to use these professionals' health care and native-language skills and employ them as "community health specialists", who would offer health education, health literacy and chronic disease management assistance to New Mexicans who share these professionals' languages.

The committee will examine the role of dental health care practitioners, including allied dental health care providers.

The committee also will hear testimony on the value that donated dental and medical services have for patients as well as health care costs in the state.

The committee will review the role of allied or "mid-level" health care practitioners in expanding access to health care. Among other matters, this review would include nurse practitioners' and certified nurse-midwives' potential in addressing some of the unmet need for primary care providers.

The committee will hear testimony on payment parity between primary care providers and physical therapists, occupational therapists and chiropractors.

Aging and Long-Term Care

The committee will hear testimony from the Aging and Long-Term Services Department about its plan for 2013-17 as well as programming related to the federal Older Americans Act of 1965 and the challenges raised by an expected "explosion" in the population of New Mexicans who are over 65 years old.

The committee will hear testimony on best practices in providing the supports necessary to keep elders in their homes to age in place, rather than become dependent or institutionalized. This includes examining legal-medical partnerships to protect seniors' rights, assisting seniors who are raising grandchildren and strategies for self-management, including avoiding falls, managing chronic disease and providing support for community caregivers.

Children and Youth

With the passage of Senate Bill 365 (Chapter 118), the Children, Youth and Families Department (CYFD) is charged with establishing a statewide, evidence-based home visiting program. The LHHS will hear from the CYFD on its plans to implement the program and from LFC staff on the value of early childhood programming.

The Children's Cabinet has offered to apprise the committee of its latest policy priorities and initiatives.

By November 2013, the J. Paul Taylor Early Childhood Task Force is charged with reporting to the LHHS on its recommendations for improving the quality and coordination of early childhood services in the state and improving some of the outcomes for New Mexico, from which the LHHS will hear expert testimony on the work of the CYFD and from the CYFD itself on its work to deliver services and protect children in the state.

The committee will examine best practices in the field of child abuse and neglect prevention. There have also been several calls for the committee to examine the role and capacity of citizen review boards to protect children in foster care.

Staff and students from a medical-legal partnership clinical program at the University of New Mexico will provide the committee with an overview of how their clinic helps to ensure that children receive the legal help they need to maintain access to health care services and to protect them from abuse, neglect and exploitation.

The committee will examine the role of school-based health centers in providing access to health care services in light of an expected increased demand in the need for health care services among those who may be insured pursuant to the PPACA.

The LHHS will study the practice of prescribing psychotropic drugs to children, the potential harm of inappropriate prescribing and best practices in meeting children's needs without overprescribing.

Health Care Delivery

With the passage of Senate Bill 586 (Chapter 151), sole community provider hospitals may now be reimbursed with Medicaid funds pursuant to the 1115 waiver under which the Centennial Care program operates. The committee will examine the effect of this legislation, as well as decreases in Medicare reimbursement pursuant to federal sequestration and sole community provider program changes, while demand is expected to increase pursuant to PPACA provisions such as Medicaid expansion and health coverage mandates.

The committee will examine the effect on the health care system of increased ownership of provider practices by hospitals and the effect that this will have on health care service availability, costs and pricing.

The Department of Health and the University of New Mexico hospitals are expected to conduct a feasibility study regarding the establishment of a liver transplant facility in the state and report their findings to the LHHS.

The committee will hear testimony on the incidence of "never" or "seminal" health care events and efforts to decrease their occurrence.

The committee will hear testimony regarding reports that non-hospital health care facilities and assisted living facilities are largely unregulated in the state, going for long periods without any oversight or inspection. The committee would include in its review the matter of conditions at physician practices where abortions are performed.

The cost of health care in the state corrections system is a matter that the committee will examine, including the cost of laboratory services provided through a third-party contractor.

Population Health, Health Conditions and Well-Being

The committee will review health disparities, including the Racial and Ethnic Disparities Report Card, and the specific concerns from African American community members that their health concerns have been neglected.

The health and well-being of New Mexico's working poor, migrant workers, dairy workers and other agricultural workers are matters the committee will study, including reporting on pesticide exposure and Parkinson's disease.

The committee will examine hunger in the state, including reports relating to food insecurity among children, seniors and low-income residents. The committee will also examine the federal-state Supplemental Nutrition Assistance Program (SNAP), formerly known as "food stamps", and SNAP's role in addressing food insecurity.

The committee will review employment training offered through the federal-state Temporary Assistance for Needy Families (TANF) program and other updates to the TANF program.

The committee will examine the need for and availability of services for homeless people, including services for victims of human trafficking.

The committee will examine the impact of immigration reform on immigrants' access to health care and the possibilities for decreasing uncompensated care. This includes any barriers to health coverage for immigrants, including the ban on Medicaid coverage for new legal permanent residents.

New Mexico is among those states with a centralized public health agency, the Department of Health. Citizens' health councils have been a means of providing local input on public health policy in the state. The committee will look at the work of health councils and the impact of recent years' cuts to these councils.

The Department of Health has recently issued its study on obstructive pulmonary disease, which requests the committee to receive the department's report on the subject.

Patients enrolled in the state's medical marijuana program have raised concerns about the lack of adequate growers and producers in the state. The committee will hear testimony from patients, advocates and the Department of Health on this issue.

Palliative care is health care that is designed to decrease suffering and comfort patients who have foregone therapeutic care. The committee will hear testimony on best practices in palliative care and palliative care's potential in increasing the quality of end-of-life care.

Members of and advocates for individuals with disabilities have requested that the committee hear matters, previously heard by the Disabilities Concerns Subcommittee, related to the developmental disabilities services Medicaid home- and community-based waiver. The committee will hear matters relating to recent changes to the waiver.

BEHAVIORAL HEALTH SUBCOMMITTEE

Behavioral health topics that will be presented before either the full LHHS or the Behavioral Health Subcommittee include the cost to local communities of incarcerating or hospitalizing mentally ill individuals who are unlikely to live safely in the community and the cost-effectiveness of community-based early intervention alternatives for this population, such as community engagement teams, crisis intervention teams, crisis outreach and support teams and harm reduction.

Reports on the status of the Centennial Care carve-in of behavioral health services and details of its implementation with presentations from stakeholders, Medicaid managed care organizations and the Behavioral Health Services Division of the HSD are also of interest to the subcommittee, as is the ongoing role of the Interagency Behavioral Health Purchasing Collaborative.

Other behavioral health topics to be covered this interim include updates on the activities of the statewide and local behavioral health collaboratives, behavioral health needs of veterans suffering from posttraumatic stress disorder and of incarcerated women for successful re-entry into the community, prescription drug dependence and overdose prevention. Relating to prescription drug dependence, the subcommittee will review the availability of and indications for substance abuse services for pregnant women.

The subcommittee will hear recommendations about the state's laws regarding treatment guardians.

The subcommittee will also hear recommendations for improving the way that the state provides outpatient behavioral health services.

DISABILITIES CONCERNS SUBCOMMITTEE

The subcommittee will cover the following topics for its interim work plan: services for individuals with developmental disabilities; the regulation of group homes for individuals with developmental disabilities; protecting the disabled from abuse and exploitation; services for traumatic and non-traumatic brain injury; and funding of programs for the visually impaired.

**Legislative Health and Human Services Committee
2013 Approved Meeting Schedule**

Legislative Health and Human Services Committee

<u>Date</u>	<u>Location</u>
July 1-3	Rio Rancho, Albuquerque
July 25-26	Jemez Pueblo, Santa Fe
September 4-6	Las Cruces, Socorro
October 2-4	Hobbs
November 6-8	Santa Fe

Behavioral Health Subcommittee

<u>Date</u>	<u>Location</u>
July 9	Roswell
September 3	Las Cruces
September 30	Albuquerque
November 5	Santa Fe

Disabilities Concerns Subcommittee

<u>Date</u>	<u>Location</u>
July 8	Santa Fe
October 1	Albuquerque
November 4	Santa Fe